KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS PO BOX 1360 FRANKFORT KY 40602 502-564-3296 http://lpc.ky.gov

APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR ASSOCIATE

CHECKLIST FOR SUBMISSION

	must have remained sealed and be in the original envelope.	our application can still b	e reviewed. Should you meet nse eligible but a license can't	the requirements be issued until a
		all provide syllabi and ac	tual catalog descriptions for al	l applicable
PLEAS	SE COMPLETE ALL OF THE FOLLOWING			
Name	this is the way your name will appear on certificate)	Present place of	employment	
Addre	ess	Address		
Addre	ess	Address		
City	State Zip	City	State	Zip
Home	e telephone number	Present place of	employment telephone	#
Home	e e-mail address	Present place of	employment e-mail add	lress
Socia	Il Security number			
1. Ar	e you a Nationally Certified Counselor by NBCC?No	Yes	NCC Number	
2. Are	e you credentialed as a professional counselor in any other state? /es, Name of credential te of issue/	- date /	No State	Yes
	o you or have you ever held any other license, certificate, or r	egistration from at sta	ate board in Kentucky or a s) and state	
4. Aı	re you seeking endorsement (Refer to KRS 335.527 in Laws and Reg	ulations)	No	Yes
5. H	ave you held a certification/license/registration in Kentucky or any o		r been suspended or revoke	
	ave you ever been convicted of a felony or a misdemeanor (other th nited States? No Yes If yes, what offense:	an minor traffic violatio	ons) under the laws of any st	ate in the
Ŭ	100 11 900, 111111 0110101	(Attach supporting	documentation)	

Applicant's Name_			_							
I, the applicant necentained herein that, should an inapplication could by the standards of	is true, corr nvestigation be rejected	ect, and o at any t or my cei	comple ime di rtificati	ete to t sclose ion rev	he be any s oked l	st of m such m by the l	y knov isrepr Board.	vledge and esentation Furthermo	belief. I am or falsificati	n aware on, my
APPLICANT'S SIG	NATURE: _	(Sign y	our name	=)				D	ATE	
	(Print your name)							_		
	Please	SEC e request an o				CATIC from scho		board.		
SCHOOL	NAME AND LOC	CATION		DATES FROM	ATTENDED TO	DATE OF GR	RADUATION YEAR	NUMBER OF HOURS OR	DEGREES OBTAINED	7
Graduate								CREDITS		_
Doctorate										
SECTION 3	F		NICA ter <i>gr</i>	AL CO	OUN ELEVEL	SELO cours	R es <i>onl</i>	<u>Y</u> .	LICENS	ED
1. The helping reunderstanding of techniques.)										
Educational institution		Prefix & Number	Course	Title (S	pell out)			Semeste & Year	Credit Hours	
										_
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Applicant's Name	
Applicant's Name	

SECTION 3 - CONTINUED

		es that provide an understanding of the	nature and	d needs of
individuals through the lifespan. Educational institution	Prefix & Number	Courses: human development.) Course Title (spell out)	Semester & Year	Credit Hours
	e courses:	es that provide an understanding of care lifestyle and career counseling; voo		
Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours
		and consulting. (Studies that provide a seling theories, group counseling method		
Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

Applicant's Name_	

SECTION 3 - CONTINUED

5. Assessment, appraisal, and testing of individuals. (Studies that provided that provided the provided the provided that provided the provided that provided the provided the provided that provided the provided the provided that provided the provided that provided the provided the provided that provided the provided that provided the provided the provided the provided that provided the pr	le an understanding of
individual and group approaches to assessment and evaluation. Example	courses: measurement;
individual appraisal; intelligence testing.)	

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

6. Social and cultural foundations, including multicultural issues. (Studies that provide an understanding of issues and trends in counseling with multicultural and diverse society. Example courses may include counseling disadvantaged populations; counseling diversity; counseling minorities; counseling multicultural issues.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

SECTION 3 - CONTINUED

7. Principles of etiology, diagram	nosis, trea	tment planning, and prevention of me	ental and	emotional
disorders and dysfunctional be	havior. (Studies that provide differential diagn	osis, treat	ment and
prevention.)		•		
Educational institution	Prefix	Course Title (spell out)	Semester	Credit
Educational Institution	&	Course The (spen out)	& Year	Hours
	Number		cc i cui	Hours

Educational institution	Prefix	Course Title (spell out)	Semester	Credit
	& Number		& Year	Hours
	Number			

Applicant's Name						
SECTION 3 - CONTINUED						
9. Professional orientation. (Studies that provide an understanding of all aspects of Professional Counseling including counseling history, counseling roles, organizational structures, professional counseling ethics, professional counseling standards, and licensing and credentialing in professional counseling. Example courses: introduction to counseling; professional orientation; legal and ethical issues in counseling.)						
Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours		
	Number					
Practicum/Internship All app	olicants sl	nall complete an organized practicus	n or inte	rnship in		

counseling consisting of a	t least six hundr			
Educational institution	Prefix & Number	Onsite Supervisor(s)	Semester & Year	Number of Practice Hours

Section 4 - KENTUCKY BOARD FOR LICENSED PROFESSIONAL COUNSELORS CERTIFICATION AND VERIFICATION OF CLINICAL INTERNSHIP/PRACTICUM

INSTRUCTIONS: Complete one form for each semester of internship/practicum.

1.	Name of Student/Candidate:	
2.	University/College Department	
	Degree Program	CACREP □ Yes □ No
	University/College Internship Supervisor	
	Degree and Discipline of University/College Internship Supervisor	
	License/Credential Held by University/College Supervisor	License No
	Year Internship/Practicum Completed Semester	Quarter
3.	Agency(s) Internship Completed	
	Name of Onsite Clinical Supervisor(s) Please Print	
	Degree and Discipline of Onsite Clinical Supervisor	
	License/Credential Held by Onsite Clinical Supervisor	License No
	Briefly describe nature of practice/experience including populations student worked with	:h:
	Hours Experienced in Internship/Practicum: Direct Hours Indirect	Hours
	Individual Supervision Group Supervision Total H	lours
4.	University/College Supervision Hours:	
	Individual Supervision Group Supervision	
	Student/Candidate Signature Date	
	University Supervisor/Instructor Signature Date	